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## BIB DATA SHEET

CONFIRMATION NO. 8806

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/593,186	10/16/2006 RULE	514	1624	0837-0194PUS1

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/FI2004/000447 07/12/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FINLAND 2004/000160 03/19/2004

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***  
07/02/2008

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FINLAND	2	19	1

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**TITLE**

Sulphonamide Derivatives

FILING FEE RECEIVED 2420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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